



St. Lucie County Education Foundation
Scholarship Data Sheet
2010-2011

Scholarship Name: _____

Specific Description: _____

Scholarship Amount: _____ Deadline to Apply: _____

Scholarship Qualifications: GPA: _____ Financial Need: _____

Gender: _____ Test Scores : _____

Specific Requirements or Qualifications _____

Recipients must claim their scholarships within 2 1/2 years from date of award, if this money is not claimed the funds will remain in donors account for future scholarships.

Number of Copies of Application You Require: _____

(In order to help students understand your qualifications and to know which scholarships they may qualify for, please be specific about your qualifications.)

Scholarship Length: _____

Method of Payment: _____

Organization: _____

Address: _____

(WOULD YOU LIKE THE INFORMATION BELOW AVAILABLE TO THE STUDENTS?
__ YES __ NO)

Phone: _____ Contact Person: _____

E-mail address: _____

Scholarship will be provided for the 2010-2011 school year ___ Yes ___ No

- We wish to use the generic scholarship application. Please indicate any special requirements.
We will provide our own scholarship application form to the area high schools.
We would like to learn about becoming a St. Lucie County Education Foundation sponsor and having our scholarship winner receive his/her scholarship at the annual St. Lucie County Education Foundation Scholarship Awards Ceremony.

We confirm that the information provided is accurate and we agree to fund the scholarship mentioned for the 2010-2011 school year.

Signature